

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <i>10/009122</i>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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42							92						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			<i>2</i>		<i>3</i>		TOTAL IND.						
TOTAL DEP.			<i>27</i>		<i>11</i>		TOTAL DEP.						
TOTAL CLAIMS			<i>29</i>		<i>14</i>		TOTAL CLAIMS						

PTO-1350 (3-79)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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